

**WellStar Medical Group
Occupational Medicine
AUDIOGRAM FORM**

PATIENT NAME: _____ SS#: _____

DATE OF BIRTH: _____ SEX: M F

EXAM TYPE: (1) PRE-PLACEMENT/BASELINE _____ (2) ANNUAL _____ (3) RETEST _____

NOISE EXPOSURE (<85 dBA) _____ (85-90 dBA) _____ (>90 dBA) _____

	YES	NO
Do you wear hearing protection on your current job? If yes, what type do you use? Plugs _____ Earmuffs _____ Both _____ Other _____		
Have you had any recent noise exposure? If yes, has it been: More than 14 hours _____ less than 14 hours _____		
Have you ever worked in noise?		
Have you recently had a cold or sinus infection?		
Have you ever seen a physician for your hearing?		
Are you aware of any hearing loss?		
Have you ever had your hearing tested?		
Have you ever had dizziness or balance problems?		
Do you have ringing or roaring in your ears?		
Do you have excessive ear wax?		
Do you have earaches or ear drainage?		
Do you have exposure to firearms?		
Have you ever had a severe head injury?		
Do you have any noise hobbies? If yes, please list:		
Have you ever been in the military? If yes, how long?		

Examiner signature: _____ Date: _____

Employee signature: _____ Date: _____